



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Actuarial Services
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-1133
615-741-2333**

**“TENNESSEE VEHICLE PROTECTION PRODUCT ACT”
Warrantor’s Registration Form Pursuant to Tenn. Code Ann. § 56-55-101 et seq.**

Name of Warrantor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax Number: _____ FEIN : _____

Attach a separate sheet listing any other names “under which the warrantor does business” in this State, including the principal office address and phone number of each.

Please list below the names of the warrantor’s executive officer or officers directly responsible for warrantor’s vehicle protection product business. Attach a separate sheet if needed.

Warrantor’s Executive Officer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax Number: _____

Third Party Administrator(s) responsible for the administration of the warrantor’s vehicle protection product:

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax Number: _____

The Warrantor must attach the following to this registration form:

- A true and correct copy of the warranty reimbursement insurance policy that complies with Tenn. Code Ann. § 56-55-106;
- A sample copy of each warranty the warrantor proposes to use in this state.

The warrantor is responsible to renew the registration annually and shall file any updates within thirty (30) days of change. Pursuant to Tenn. Code Ann. §56-55-112 any warrantor doing business in this state in accordance with this chapter shall be deemed to have appointed the commissioner its true and lawful attorney upon whom may be served all lawful process in any action or proceeding against it. The Uniform Consent to Service of Process is located at the following web address: http://www.naic.org/industry_ucaa.htm#charts Form #12 and must be completed and returned to this office with the registration form.

Attach application fee in the amount of \$515.00 made payable to TN Department of Commerce & Insurance.

Signature of Warrantor’s Executive Officer

Signed: _____ Date: _____

Signature of Warrantor’s Executive Officer

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____